



IDAHO DEPARTMENT OF
HEALTH & WELFARE

IDAHO COMMUNITY HEALTH WORKER (CHW) COMMITTEE

Kickoff Meeting

Summary Report

Wednesday, March 4, 2015

9:00 a.m. – 4:00 p.m.

Introductions and Meeting Overview

Monica Revoczi (facilitator) welcomed the group and participants introduced themselves. She reviewed the goal for the CHW Committee Kickoff Meeting: to develop a common foundation of knowledge for the Committee’s work and establish a clear plan for moving forward.

The meeting ground rules were set as follows:

1. Respect all aspects of diversity in the room.
2. Be open to new ideas and approaches.
3. Limit interruptions (e.g., phones/electronics, sidebar conversations, etc.).
4. Participate actively!
5. Take care of your needs so you may engage fully.
6. Assume good intent.
7. Everyone is on equal ground.
8. Avoid or define acronyms.

Setting the Stage for the CHW Committee

Dieuwke Dizney-Spencer, RN, MHS
Deputy Administrator – Public Health Integration
Division of Public Health
Idaho Department of Health and Welfare

To provide context for the Committee’s purpose, Dieuwke delivered a presentation about the State Healthcare Innovation Plan (SHIP) and related model test grant. The primary SHIP goal is to “redesign Idaho’s healthcare delivery system from a fee-for-service, volume-based system to a value-based system that rewards improved health outcomes.” CHWs are key to implementing the primary care medical home (PCMH) component of SHIP. More details about SHIP can be found in the presentation slides (provided in separate attachment and on the Committee fileshare).

CHW Foundations and Background

Carl Rush, MRP

Project on CHW Policy and Practice

Institute for Health Policy

University of Texas – Houston

Carl presented extensive foundational information regarding CHWs, including the following:

- a) CHW definitions, models, key attributes, etc.
- b) Social determinants of health and the influence of CHWs
- c) Benefits, impacts, ROI, and challenges

Details can be found in Carl's presentation materials (provided in separate attachment and on the Committee fileshare).

CHW Critical Success Factors

Carl Rush, MRP

Carl provided an overview of how other states have implemented sustainable CHW programs, emphasizing best practices and supporting policy options (federal and state). He outlined the various policy areas requiring focus, including the occupational definition; financing; documentation, research, and data standards; and workforce development.

Committee Project Plan

Monica reviewed the following items with the Committee and invited questions and input:

- a) Committee charter: goals and objectives
Committee input:
 - Address social recognition, public and provider awareness
 - Refine skills/characteristics of effective CHWs
 - Supervision
 - Educating/communication with stakeholders
 - Continuing education
 - Curriculum – interaction with various disciplines
 - Define target patient populations
 - How many do we need?
 - Deployment model
 - Look at successful Idaho models
 - Perhaps >1 model
 - Perhaps >1 program
- b) Draft CHW definition for Idaho
Committee input:
 - How does it fit for volunteers?
 - “PCMH” term may exclude other providers
 - Emphasize/clarify who is being served
 - Add additional important CHW characteristics
 - Consider adopting APHA definition

c) Draft project plan: milestones, schedule, deliverables

Committee input:

- Timeline is ambitious
- Need to determine existing models in Idaho
- Must stay focused on project parameters
- Is there consensus we need this? "Pilot" may underemphasize importance.
- Include CHWs on subcommittees

d) CHW key informants and assessment/survey: purpose, content, process

Committee input:

- Engage/reach out to professional and other organizations to assist: IMA, IHA, faith-based, universities, suicide hotline, associations of cities/counties/mayors, payors
- Don't use "CHW" in survey introduction – focus on functions versus job titles
- Send survey introductory email to Committee to engage outreach to increase response rate
- Include both employed and volunteer
- Use existing surveys to craft assessment
- Provide pen-and-paper survey option?
- Include those organization who don't use CHWs to understand barriers
- Tap into diverse respondent motivations to participate in survey
- Include school nurses in survey
- Market to physicians (not via email!) - will help create the demand for CHWs in communities

Participants were asked to provide individual input (collected at the meeting) on suggestions for recipients of the CHW assessment and members of the CHW Key Informant Group. Everyone was then invited to convene in small groups to share their suggestions and identify additional sources of key intelligence to help inform the project. Suggestions included:

- Implement an existing practice/innovation
- Need concrete examples of relationship/integration with SHIP
- Carefully consider the logistics of implementation in small, rural primary care practices
- Address sustainability: funding, turnover

Finally, Jamie Delevan provided an introduction to Committee file sharing system. Access information will be emailed to participants.

Wrap Up

Next steps

- 1) Compile meeting notes/feedback and distribute to participants
- 2) Provide fileshare access to all participants
- 3) Solicit input on CHW definition
- 4) Conduct CHW Assessment
- 5) Conduct Key Informant Meeting
- 6) Committee to reconvene June 2015

Meeting Evaluation

Worked Well	Improve for Next Time
<ul style="list-style-type: none">➔ A lot of good information provided➔ Good stakeholder representation➔ Carl Rush's presentations and information➔ Good participation and engagement➔ Breakout session➔ April Dunham's meeting coordination and logistics➔ Monica's facilitation	<ul style="list-style-type: none">➔ More CHW representation on Committee➔ Provider representation on Committee➔ More activities➔ Think about how to engage those outside of Ada County